## Office of Administration

## Commissioner's Office

## "Request for Preauthorization for Other Services"

Program: <b>Alt</b> o Contractor: <u>N</u> Subcontracto	ernatives to Abortion lurses for Newborns r: N/A		
reem to be pur	pelow the information for each i rchased, cost for the item, and tl rovided to be reimbursed.	item/service to be he justification. Ite	purchased. List the date of purchase, ems must be approved <b>before</b>
Client Name	Date Enrolled: 8/1/16		
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	CAR ROPARS	590.80	NEEDS CAR REPAIRED SO CLIENT CAN WORK
AMOUNT TO BE REIMBURSED		590.00	
Please return to Alternatives to Abortion Program Manager, State of Missouri – Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to <a href="mailto:emily.kraft@oa.mo.gov">emily.kraft@oa.mo.gov</a> by the Contractor only! Thank you.			
Authorized per	rson requesting purchase:	My	
Approved for p	urchase:	Date	
Purchase denied:Date			
Reason for denying purchase:			

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Date: May 24 2/17 Francis B7-52 Per

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